

Project #07272

# South Dakota Uninsured Survey



**Key findings from a statewide survey of 400 uninsured adults  
in South Dakota, conducted May 21-24, 2007**



**Glen Bolger**  
**glen@pos.org**

# Methodology

**Public Opinion Strategies is pleased to present the South Dakota Department of Social Services with the key findings from a statewide survey of 400 adults in South Dakota who are either currently uninsured or have been uninsured in the past two years. The survey was conducted May 21-24, 2007 and has a margin of error of  $\pm 4.9\%$  in 95 out of 100 cases.**

**Glen Bolger was the principal researcher on this project. Nicole McCleskey coordinated the research. David Kanevsky was the project director, and Jennifer Myers provided analytical support.**



# Key Findings

# Key Findings

1. The percentage of adult uninsured in South Dakota is 9.0%.
2. The analysis provides a detailed demographic profile of the adult uninsured population. The white and Native American populations are different. White uninsured adults are largely working, but they are struggling financially. Native Americans are more likely than their white counterparts to be unemployed.

# Key Findings

## 2. *cont'd*

**A majority of the uninsured are working more than 30 hours a week and in permanent, year-round jobs. Because of the nature of the South Dakota economy, a near-majority are working in businesses that currently do not offer benefits. The uninsured are also employed in a wide cross-section of jobs, including the government and in the health services industry itself.**

**Uninsured adults also do tend to be younger and slightly more female.**

# Key Findings

3 .

**One-quarter of the population surveyed also have children who are uninsured. Again, they cite costs as the prohibiting factor in securing coverage for their kids.**

**While South Dakota CHIP does appear to be targeting families in the right income bracket, there are still a number of respondents whose children are not covered by CHIP but are eligible for the program. Overall, 56% of respondents whose income falls below 200% of poverty are currently not enrolled in the program (30% have some other insurance and 26% are just not enrolled).**

# Key Findings

4 .

**There is a big problem of the chronically uninsured in South Dakota. Overall, 42% of those surveyed have been without insurance for more than five years, while another 34% have been without for 1-5 years. This is a systemic problem.**

5 .

**As we saw in the focus groups, the survey suggests that cost is the prohibiting factor for why people lack coverage. Nearly two-thirds of those interviewed say that cost is the most important reason explaining why they currently do not have health insurance.**

- *Nearly two-thirds (64%) of those interviewed say the cost of health insurance is way beyond what they could afford on their family budget.*

# Key Findings

5.  
*cont'd*

**Cost is less of an issue for Native Americans than white respondents. More than one-third of Native Americans say they do not have health insurance because they get the care they need through Indian Health Service.**

6.

**Again reinforcing what we heard in the focus groups, people are willing to take responsibility for securing their own coverage ... if it is affordable. The median amount a respondent would be willing to pay for individual coverage is \$70, while the median offered for family coverage is \$100.**



# Key Findings

7.

**Also similar to our focus group findings, Native Americans are fairly critical of Indian Health Service. Very few (19%) would give high marks to the care received at the hospital, and while 43% would call the care “good,” another 38% would classify it as “not very good” or “poor.”**

**The biggest complaint respondents voice about IHS is waiting times. Secondary concerns include the quality of medical care, the distance they have to travel, and the difficulty in getting there.**



# The Percentage of Uninsured

# The Percentage of Uninsured



Based on the results of the survey, 9.0% of South Dakota adults currently do not have health insurance coverage (56% of the survey sample).

An additional 7.5% now have insurance (government or private coverage) but did not have health insurance for some period of time over the last two years (44% of the sample).

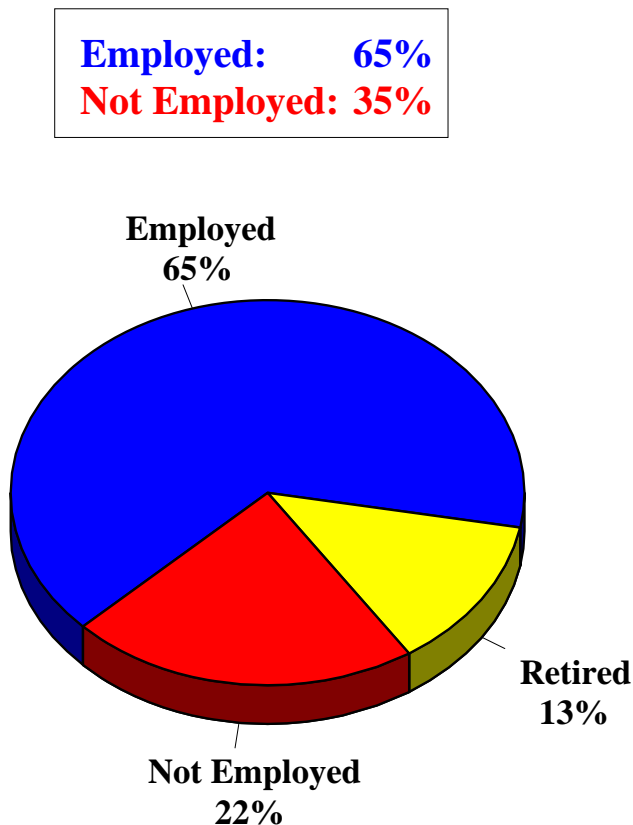


# Profiling the Uninsured

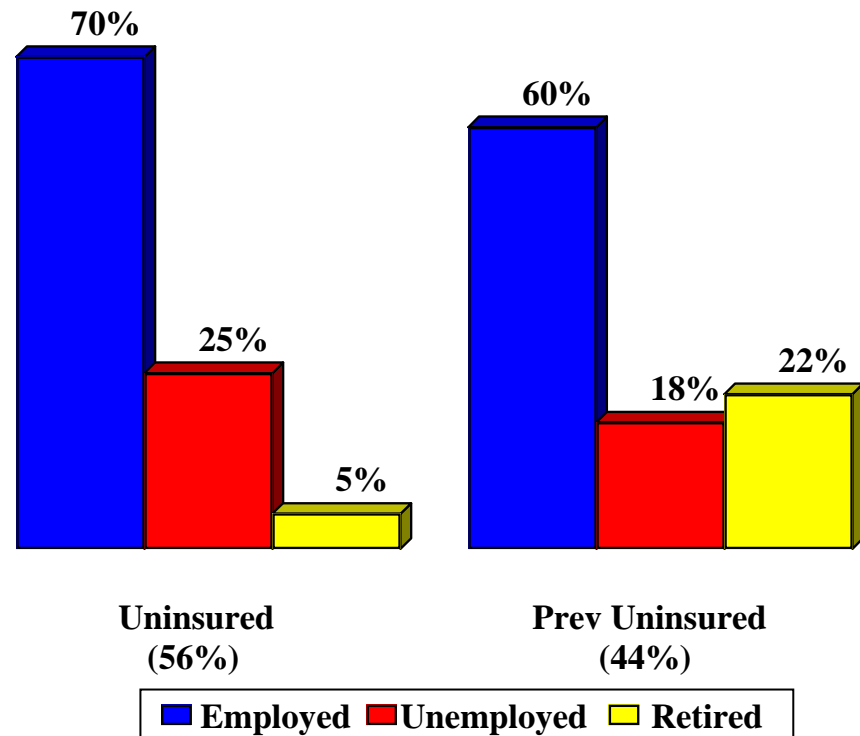
# Seven out of ten of those currently uninsured are working South Dakotans.

*“Are you currently employed, not employed, or are you retired?”*

*Overall*



*By Insurance Status*





**In some cases, those who are uninsured  
are working two jobs.**

- **16% of uninsured  
South Dakotans  
are working two  
or more jobs.**



**Lack of coverage hits the self-employed,  
but also many South Dakotans who are  
working for someone else.**



- **15% of the uninsured are self-employed.**
- **49% of the uninsured are working for someone else.**

**A majority of the uninsured are working more than a 30-hour week in permanent types of jobs.**

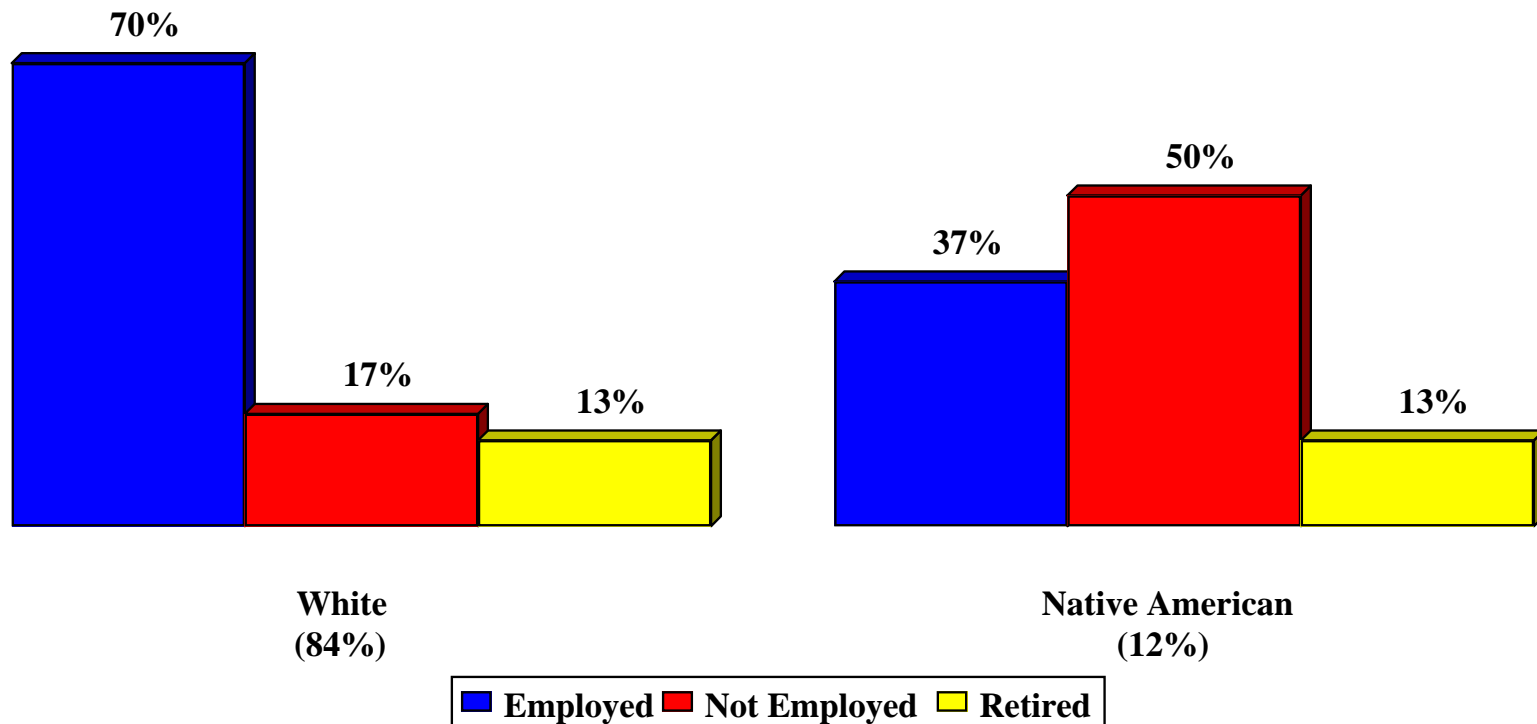
- 56% of the uninsured are working 30 hours or more each week.**
- 54% of the uninsured are in “permanent, year-round jobs.”**





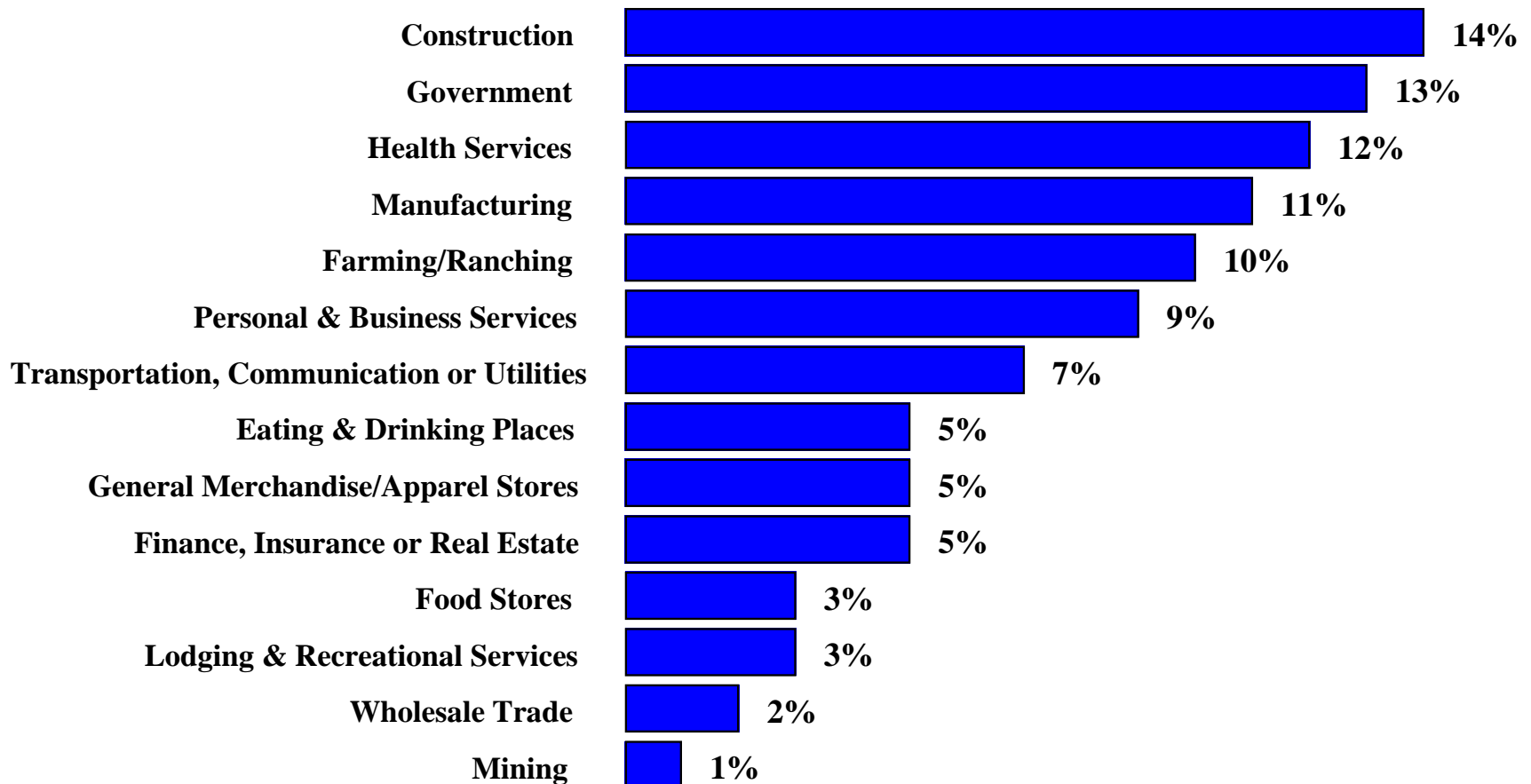
# Native Americans are more likely to struggle finding work.

## *Employment Status By Ethnicity*



# The challenge of securing health coverage covers a wide swath of the employed population, including government employees.

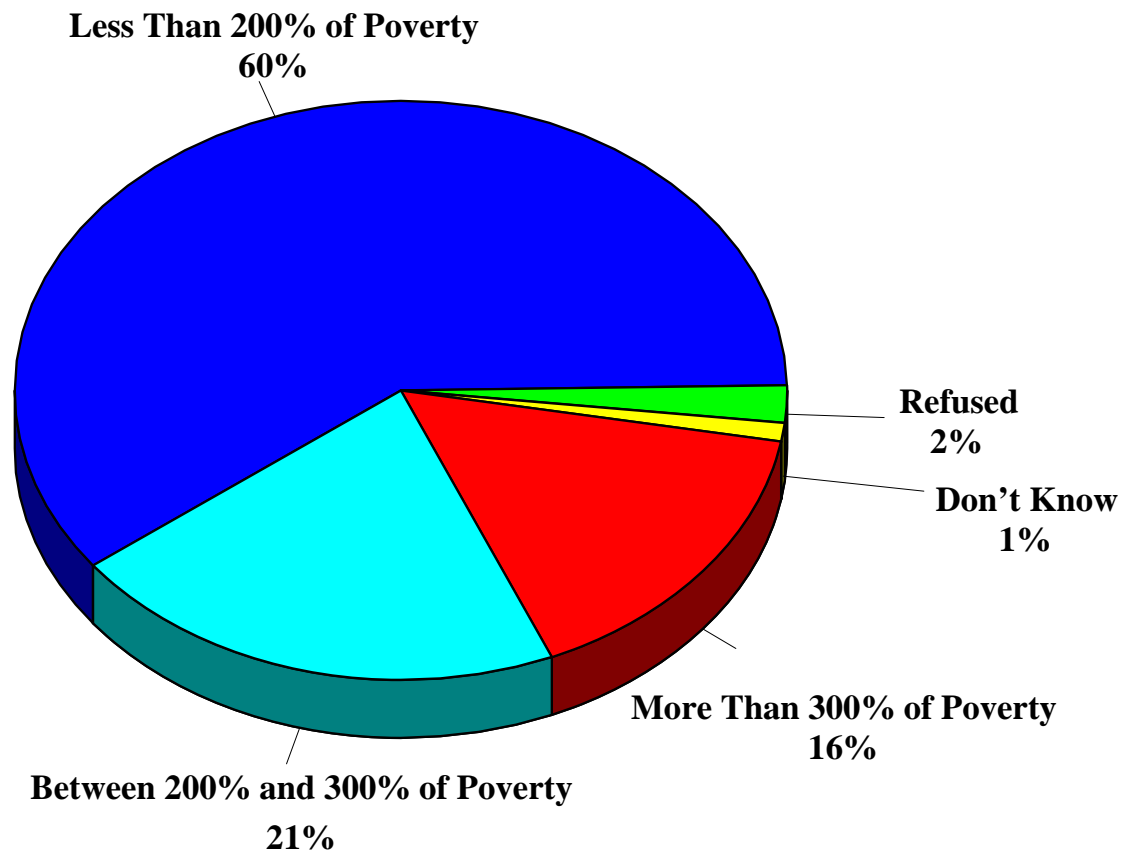
*“Please tell me which ONE of the following types of jobs best describes your current employment?”*



# The uninsured in the state really are struggling financially.

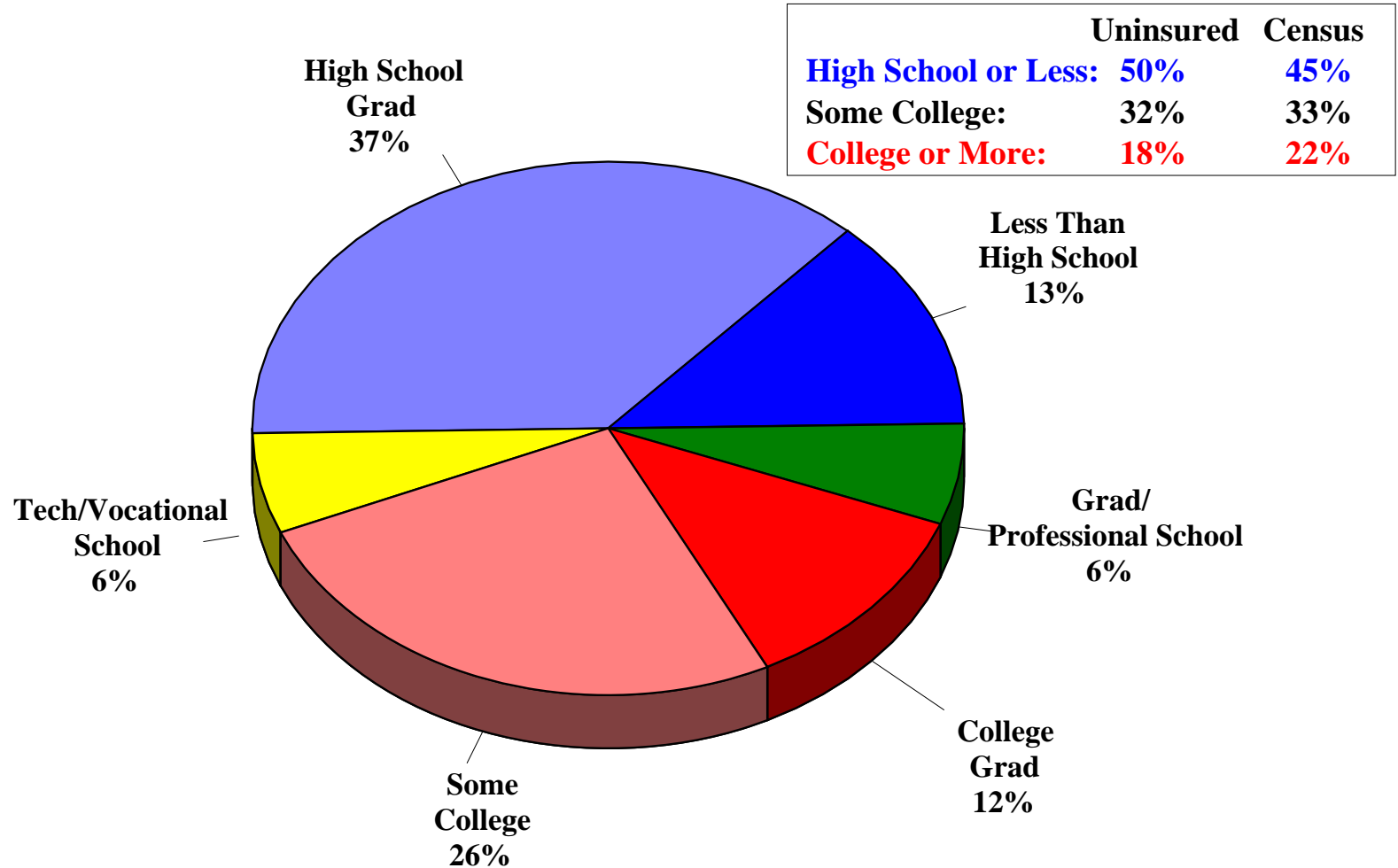
*“Is your annual HOUSEHOLD income more or less than  
(200% of POVERTY LEVEL)?”*

*(IF MORE THAN POVERTY LEVEL) “And is your income more or less than  
(300% OF POVERTY LEVEL)?”*



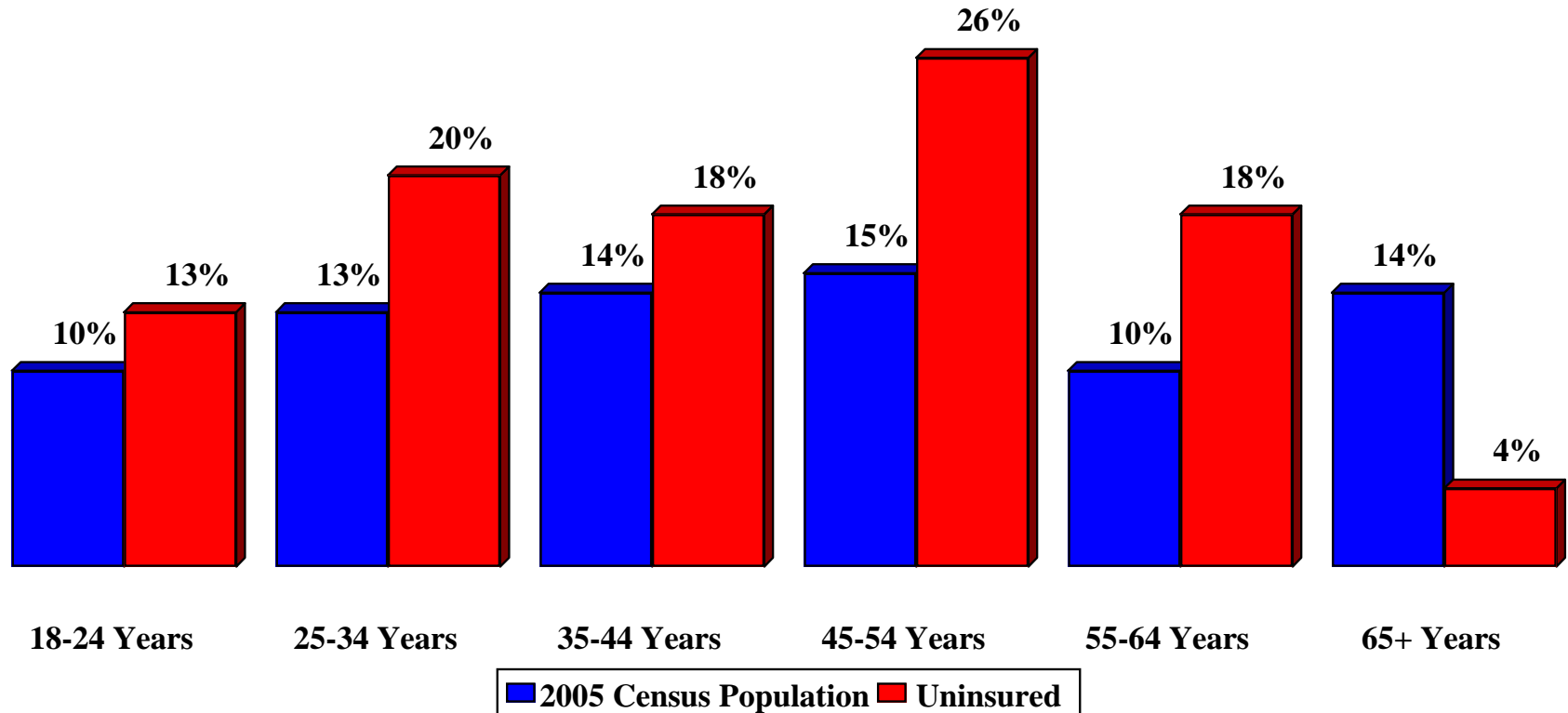
**Underscoring just how widespread this problem is,  
people without health insurance have nearly as much  
education as the overall population.**

*“And what is the last grade you completed in school?”*



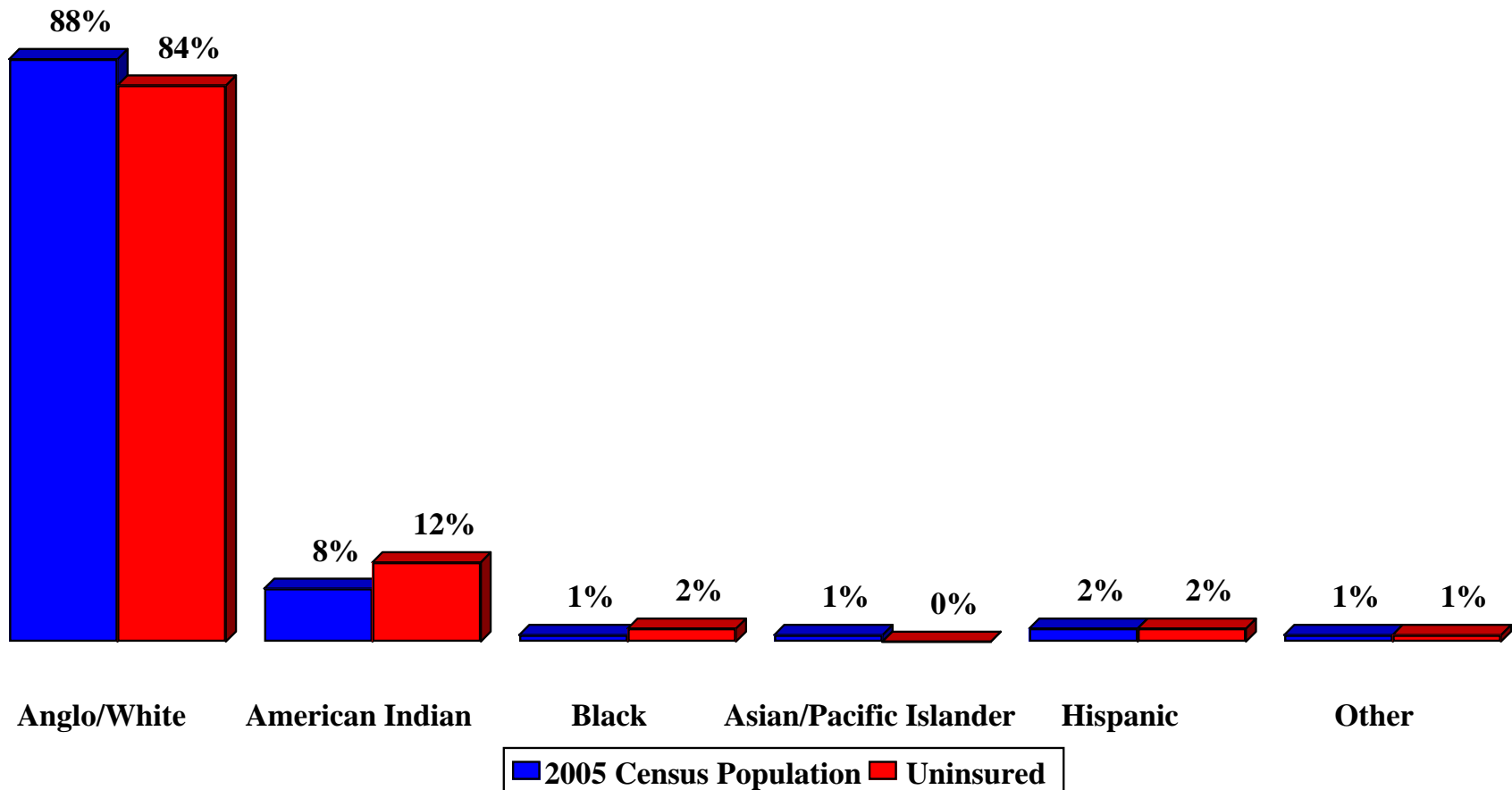
# The uninsured population is younger than the population of the state overall.

*Age*

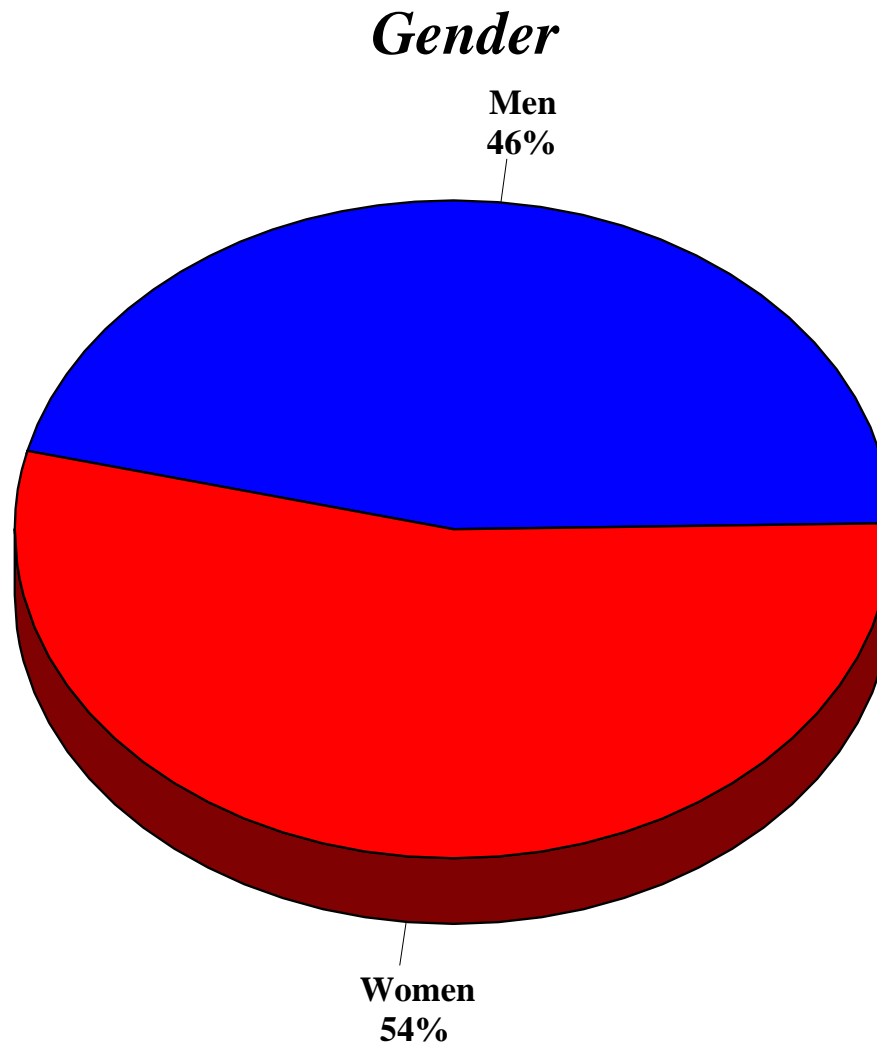


# The uninsured population has a higher percentage of Native Americans than South Dakota overall.

## *Race*



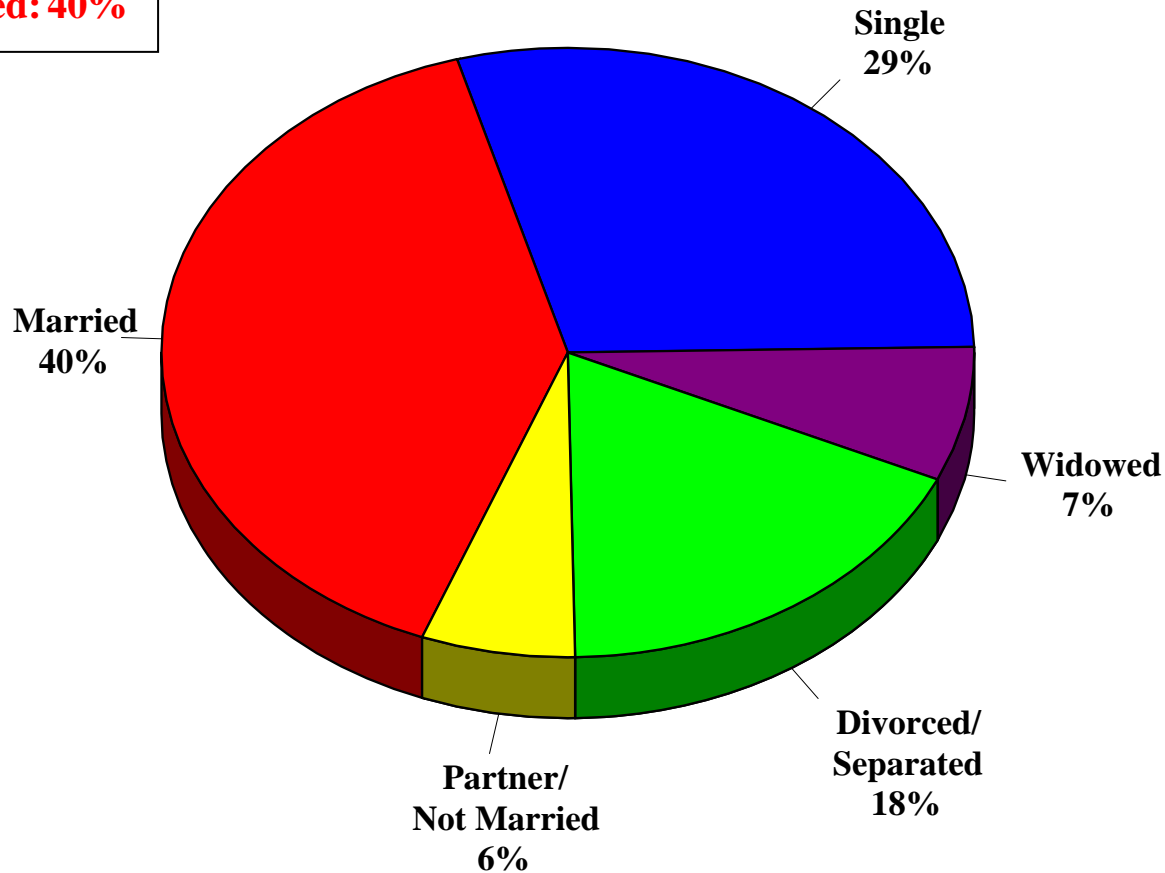
# Women are a larger slice of the uninsured pie.



# This issue touches those who are married as well as unmarried.

*“What is your current marital status?”*

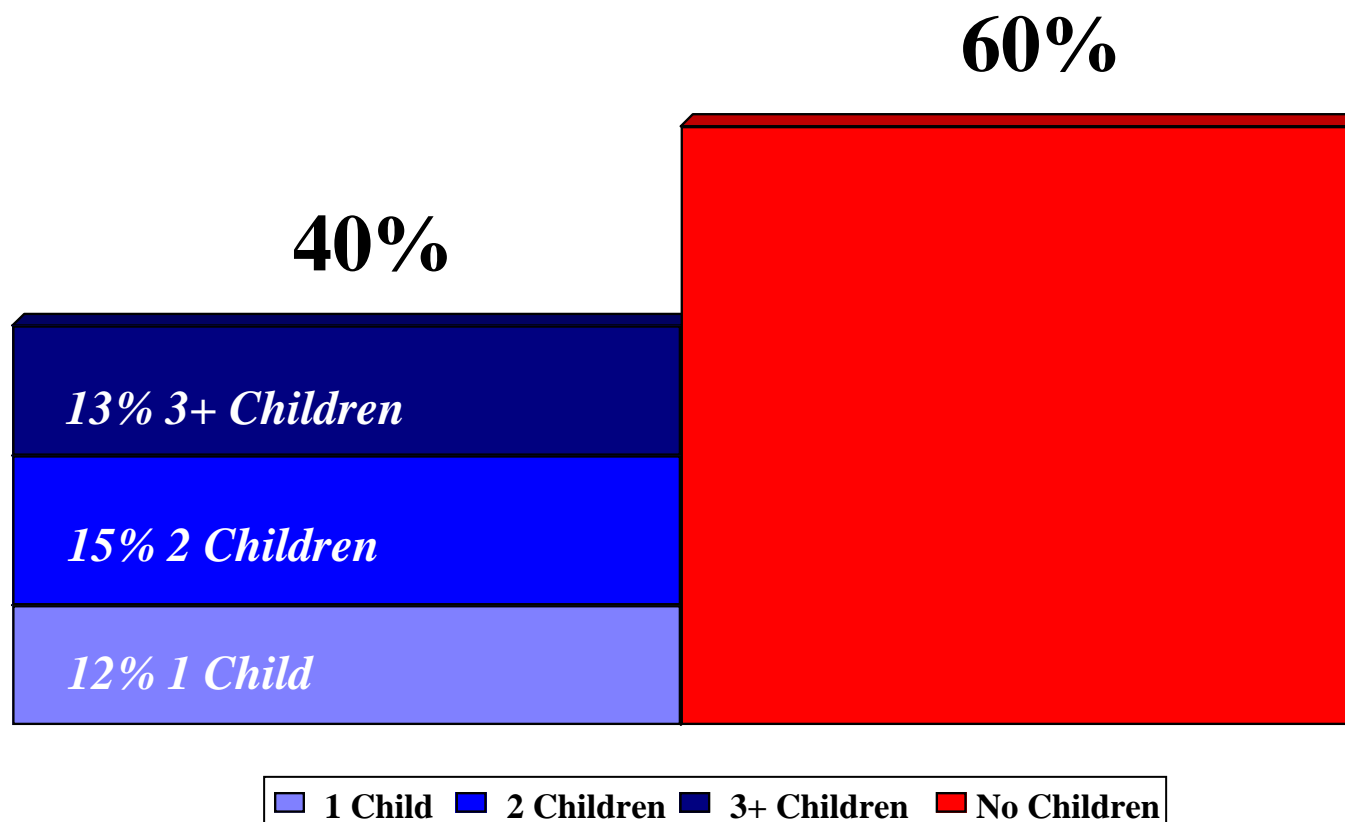
**Total Single: 60%**  
**Total Married: 40%**





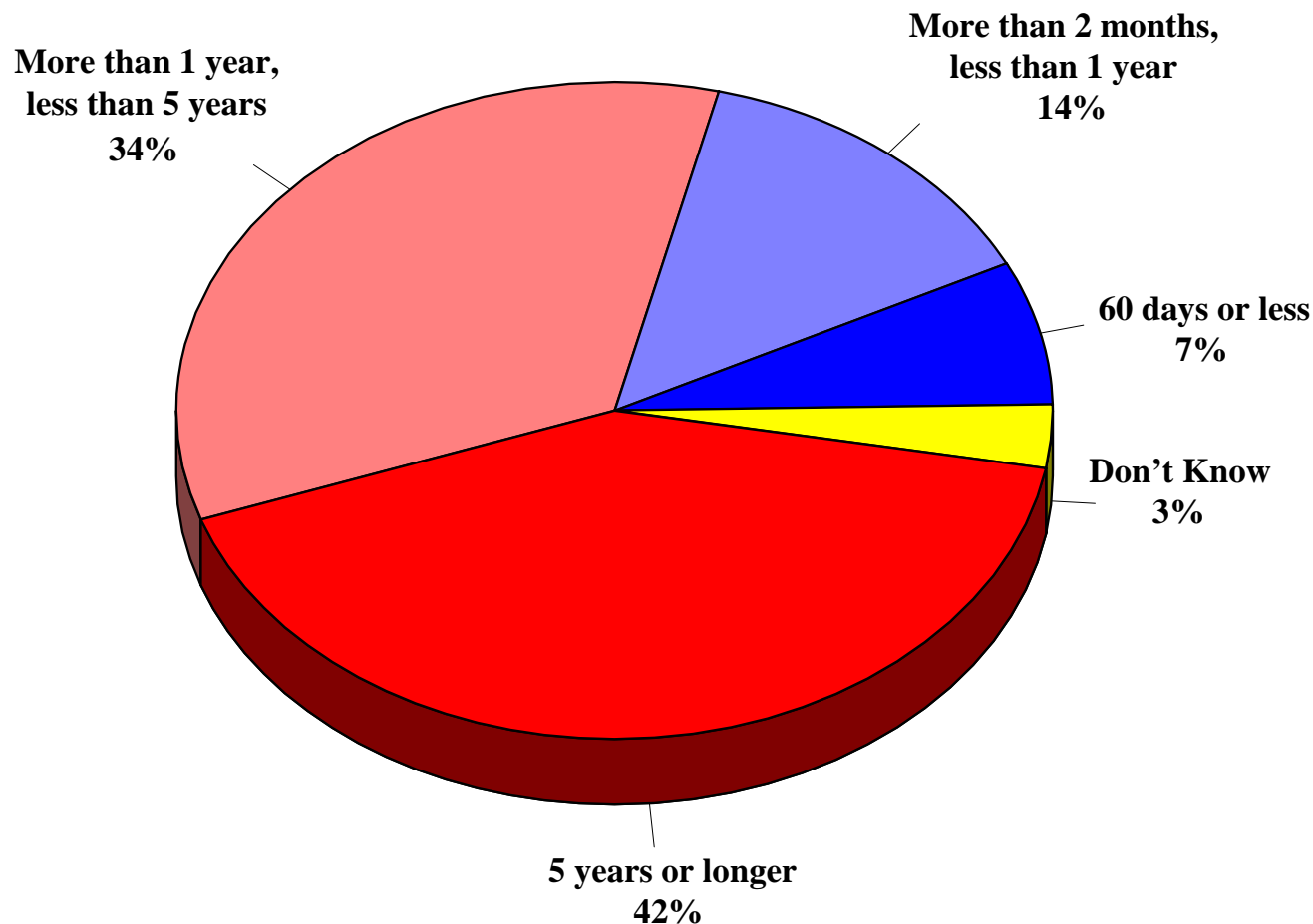
# Four out of ten uninsured respondents have children in the household.

*“And, do you have any children under the age of 19 living in your household?”*



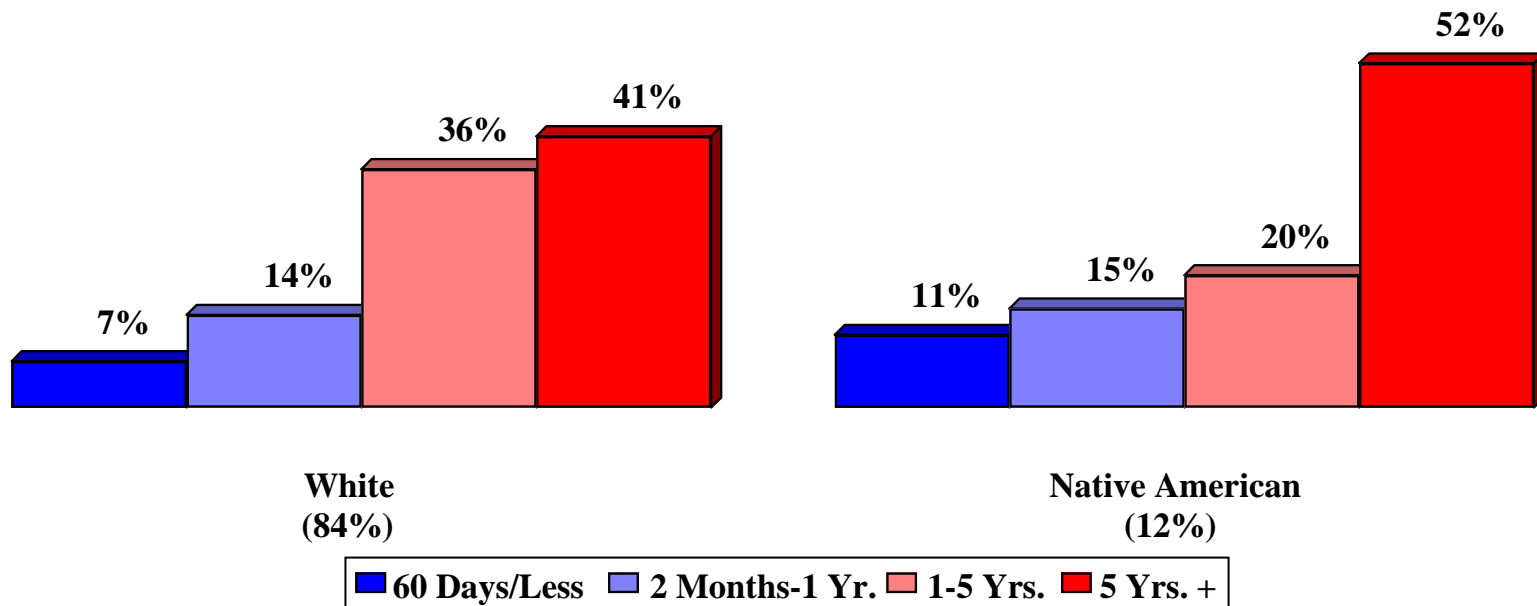
# South Dakota faces a big problem with the “chronically uninsured.”

*“For how long have you been without health insurance? Is it 60 days or less, more than two months but less than one year, more than one year but less than five years, or five years or longer?”*



**A majority of Native Americans are chronically uninsured, but there are also a large number of whites who go extended periods of time without coverage.**

*By Ethnicity*





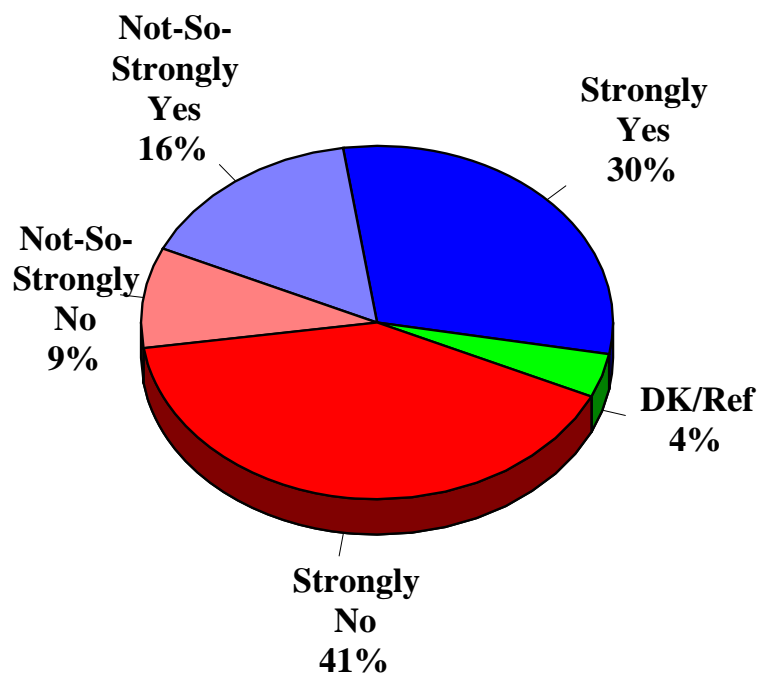
# Assessing the Health Care System

# White respondents express more dissatisfaction with the health care system.

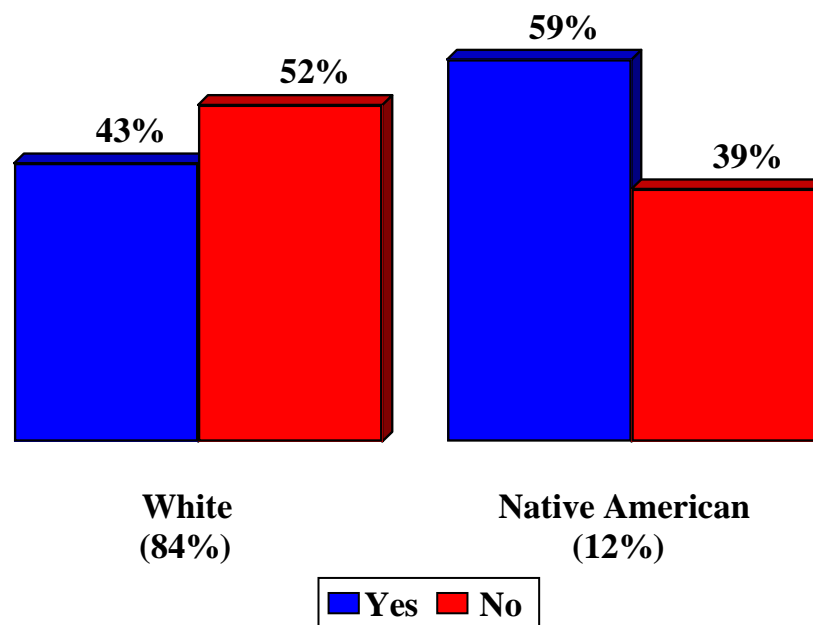
*“Generally speaking, is the current health care system meeting the needs of you and your family?”*

## Overall

**Total Yes: 45%\***  
**Not No: 50%**



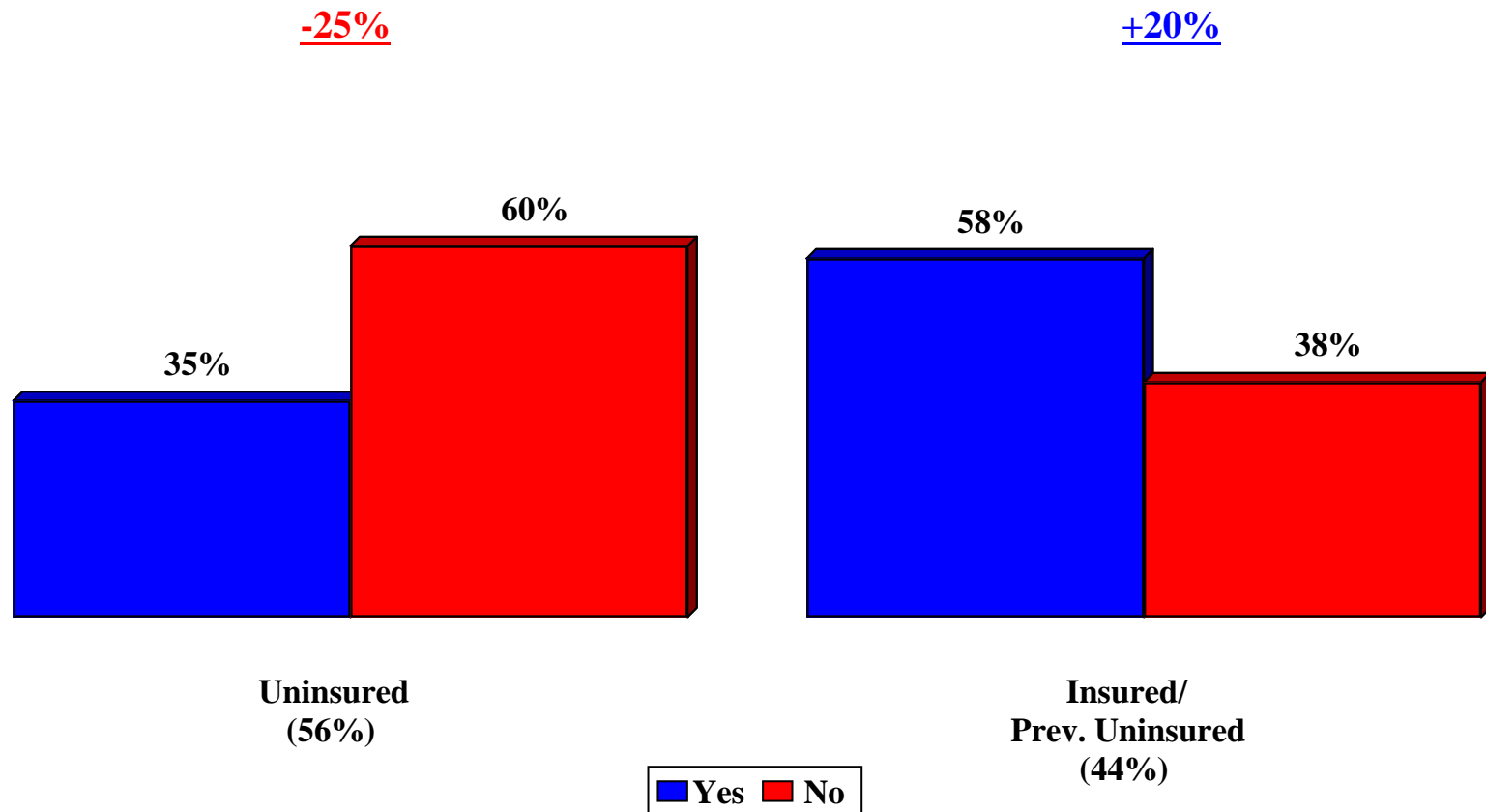
## By Ethnicity



# Perspectives on the health care system change sharply based on current insurance status.

*“Generally speaking, is the current health care system meeting the needs of you and your family?”*

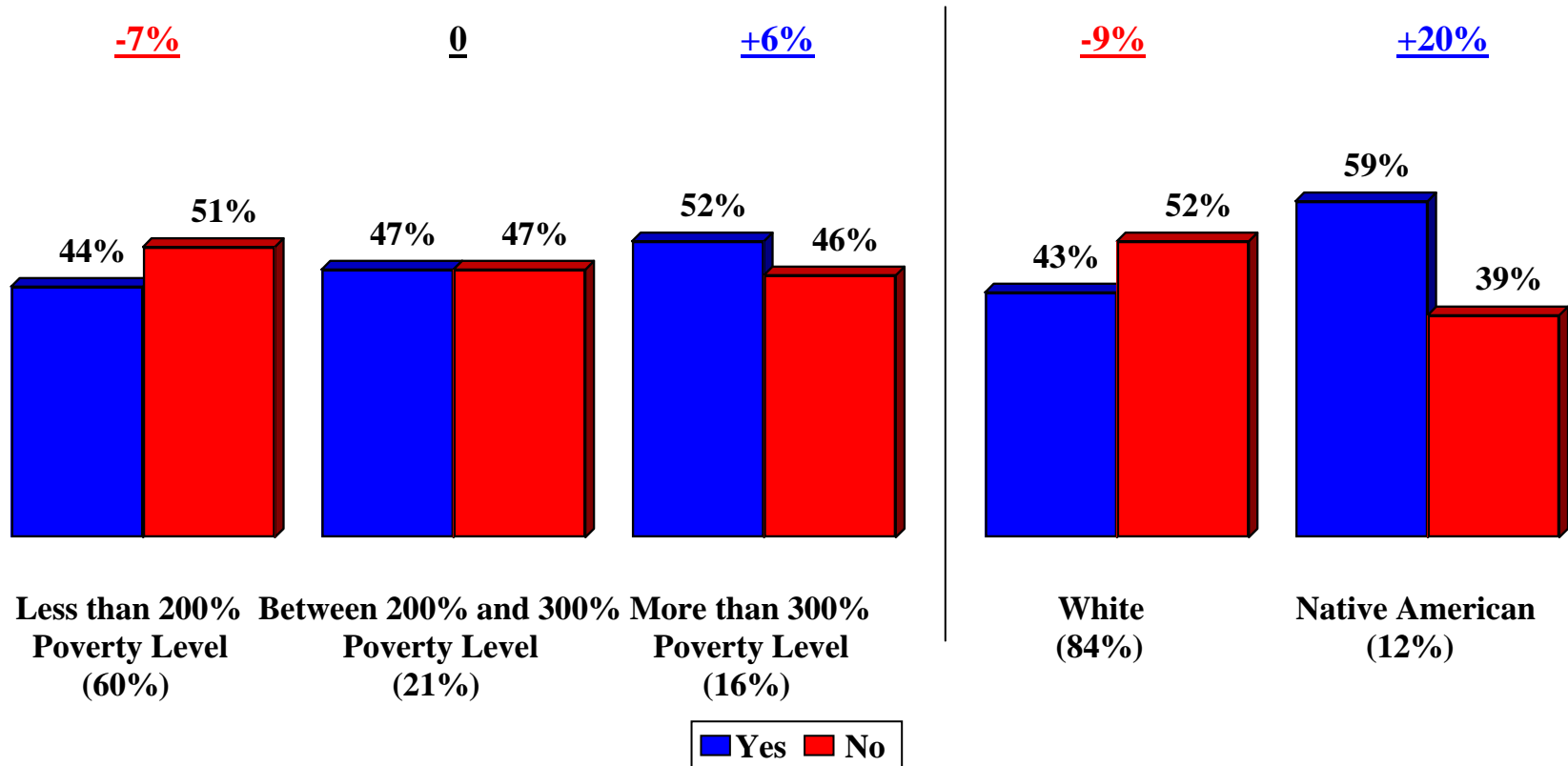
## *By Insurance Status*



# Lower income and white respondents express the most frustration with the system.

*“Generally speaking, is the current health care system meeting the needs of you and your family?”*

## *By Income and Ethnicity*





# Why Are People Uninsured?



**We asked respondents their perceptions about why people in South Dakota don't have health insurance coverage, as well as why respondents themselves don't (or didn't) have insurance.**

*“What would you say are the MOST important reasons that might explain why people in South Dakota do not have health insurance coverage?”*

*“What would you say are the MOST important reasons that might explain why YOU*

*(if currently uninsured) currently DO NOT have health insurance coverage /*

*(if currently insured/previously uninsured) DID NOT have health insurance coverage?”*

# The cost of insurance is the prohibitive factor in securing coverage for the uninsured.

***MOST IMPORTANT REASONS: Ranked by South Dakotans %***

	<b>South Dakotans</b>	<b>YOU</b>
Health insurance is too expensive for them/you to purchase.	<b>81%</b>	<b>64%</b>
They/You work for a business that does not offer health insurance.	<b>33%</b>	<b>20%</b>
They/You are unemployed.	<b>17%</b>	<b>12%</b>
They/You have been denied coverage because of a pre-existing medical condition.	<b>16%</b>	<b>9%</b>
The government has cut back or eliminated certain health programs.	<b>15%</b>	<b>8%</b>
They/You don't have all the information they/you need about health insurance.	<b>13%</b>	<b>4%</b>
They/You have a new job and are waiting for coverage to start.	<b>8%</b>	<b>7%</b>
They/You have not signed up for government programs for which they/you are eligible.	<b>8%</b>	<b>4%</b>
They/You get the necessary care through Indian Health Service.	<b>6%</b>	<b>5%</b>
They/You choose not to have it.	<b>5%</b>	<b>5%</b>
They/You do not need it because they/you have access to other health programs.	<b>4%</b>	<b>4%</b>

**Two-thirds of white respondents cite cost as the major reason they lack coverage, while Native Americans point to cost, IHS, and unemployment.**

***NO INSURANCE: MOST IMPORTANT REASONS FOR YOU by Ethnicity***

	White (84%)	Native American (12%)
Health insurance is too expensive for you to purchase.	67%	46%
You work for a business that does not offer health insurance.	20%	11%
You are unemployed.	10%	17%
You have been denied coverage because of a pre-existing medical condition.	8%	13%
The government has cut back or eliminated certain health programs.	7%	11%
You have a new job and are waiting for coverage to start.	7%	4%
You don't have all the information you need about health insurance.	3%	9%
You choose not to have it.	4%	11%
You do not need it because you have access to other health programs.	4%	9%
You have not signed up for government programs for which you are eligible.	4%	4%
You get the necessary care through Indian Health Service.	1%	35%

# Both those with kids and those without find themselves struggling to pay the cost of insurance.

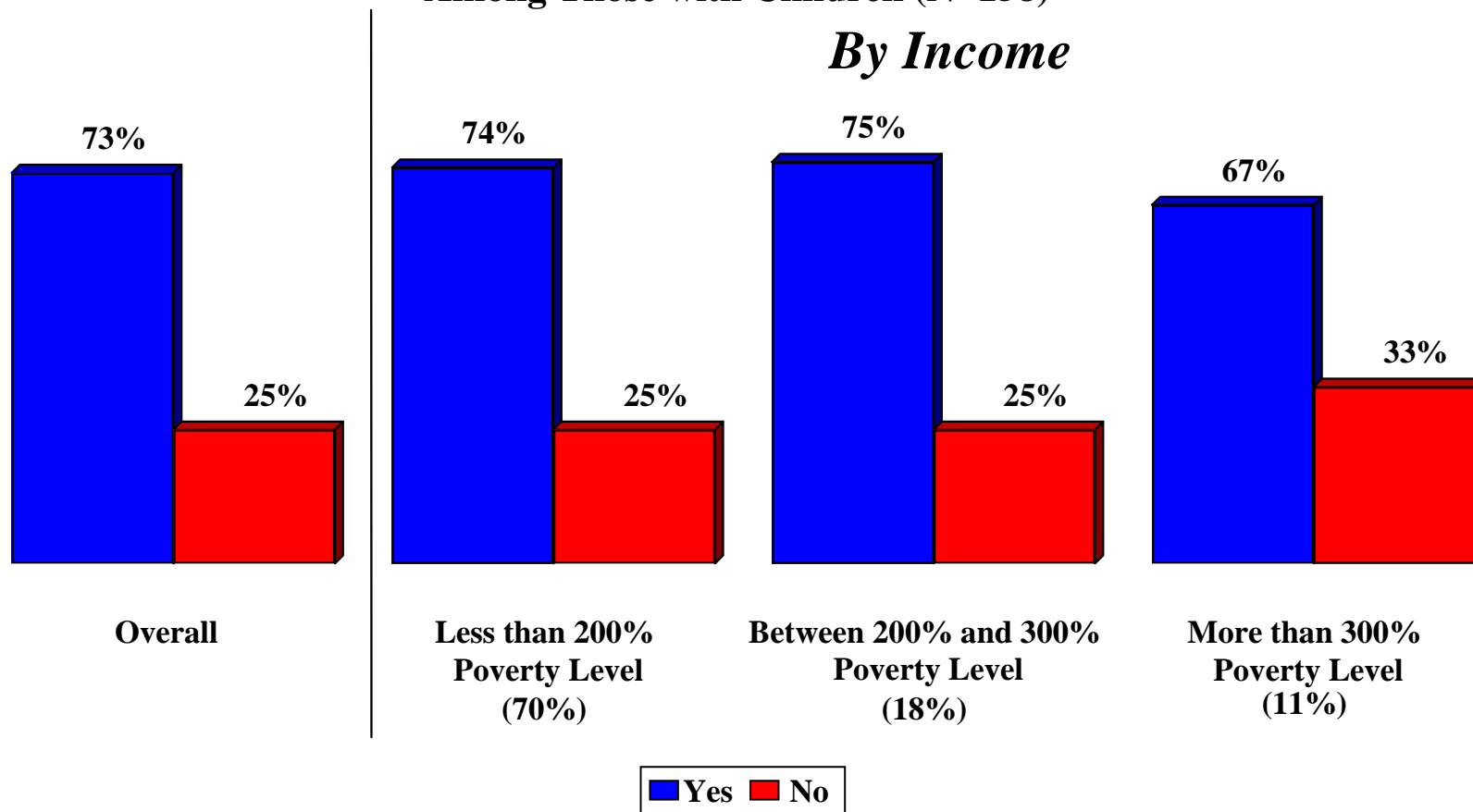
## *NO INSURANCE: MOST IMPORTANT REASONS FOR YOU by Kids*

	With Kids (40%)	Without Kids (60%)
Health insurance is too expensive for you to purchase.	65%	63%
You work for a business that does not offer health insurance.	23%	17%
You are unemployed.	11%	13%
The government has cut back or eliminated certain health programs.	8%	8%
You get the necessary care through Indian Health Service.	7%	4%
You choose not to have it.	6%	4%
You don't have all the information you need about health insurance.	6%	3%
You do not need it because you have access to other health programs.	5%	4%
You have been denied coverage because of a pre-existing medical condition.	4%	11%
You have a new job and are waiting for coverage to start.	4%	9%
You have not signed up for government programs for which you are eligible.	4%	4%

# One-quarter of uninsured respondents also have one or more children also without coverage, including those at the very lowest income range.

*“And, do these children have health insurance coverage that covers regular trips to the doctor, as well as emergency care?”*

Among Those with Children (N=158)

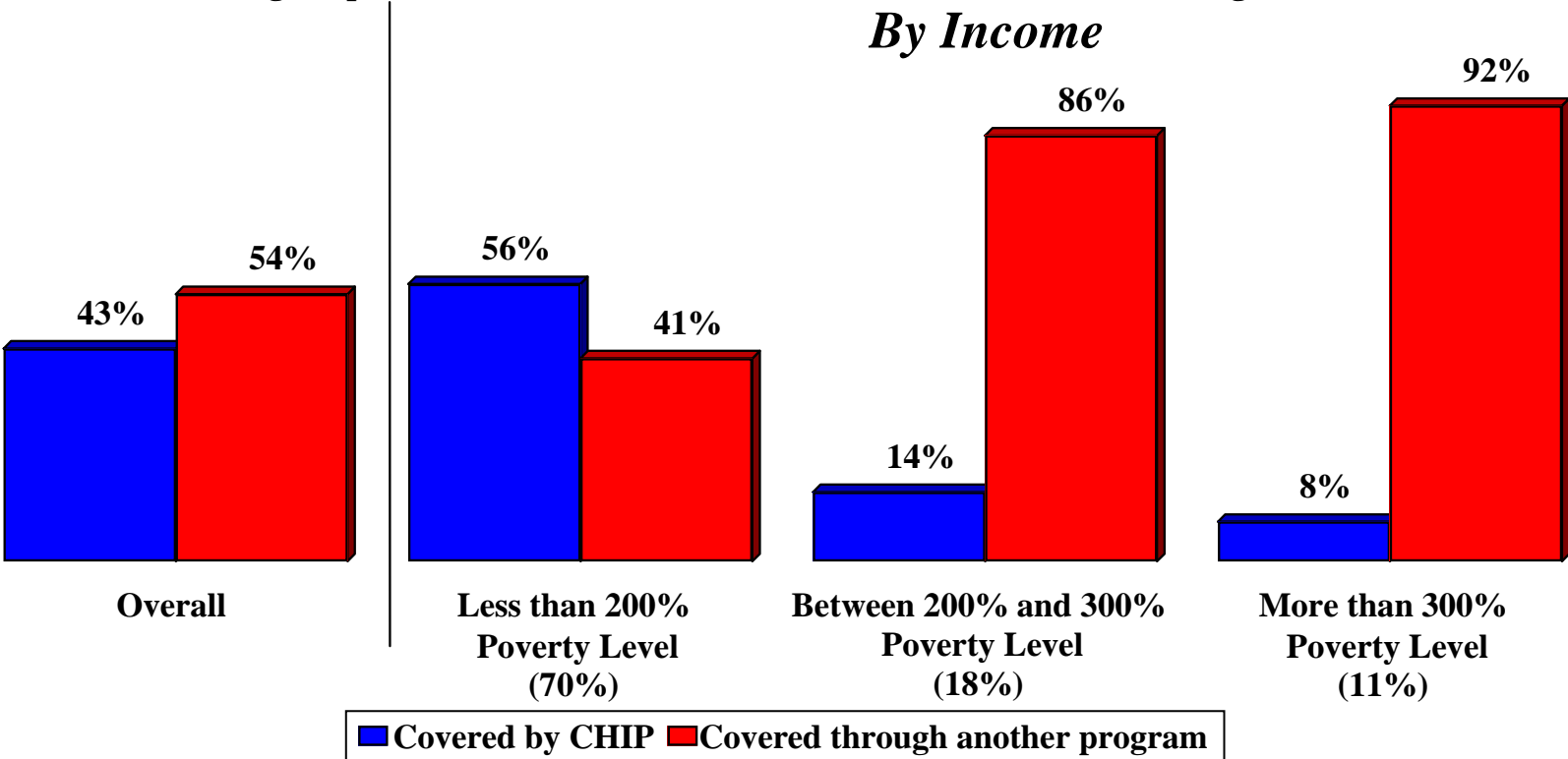


**CHIP really is hitting the right audience. Still, 56% of respondents with kids and incomes below 200% of poverty have children who are eligible but not currently enrolled in CHIP.**

*30% of these respondents whose kids are not enrolled have some other coverage for their kids, while 26% are just not enrolled.*

*“And is this health coverage provided through the State Health Insurance Program, also known as South Dakota CHIP, or are the children covered through some other health insurance plan or program?”*

Among Respondents with Children Who Have Health Insurance Coverage (N=116)



## Again, the top reason for children being uninsured is the expense.

*“Please tell me what you believe are the MOST important reasons that might explain why YOUR CHILDREN do not have health insurance coverage.”*

Asked of Respondents with Children Who Do Not Have Health Insurance Coverage (N=40)

Health insurance is too expensive for you to purchase for them.	65%
The business you work for does not offer health insurance for your children.	15%
The government has cut back or eliminated certain health programs for children.	8%
Your children have been denied coverage because of a pre-existing medical condition.	8%
You have not signed up for government programs for which they may be eligible.	5%
You choose not to get it for them.	5%
They do not need it because they have access to other health programs.	5%
They get the medical care they need through Indian Health Service.	4%
You are unemployed.	3%



# The Cost of Health Insurance



# For the vast majority, the cost of health insurance far exceeds their family budget.

*“Thinking some more about the cost of health insurance ... Would you say the cost of health insurance coverage is ...”*

**64%**

*Way beyond the reach of your family's current budget.*

**19%**

*Just slightly out of reach for you and your family.*

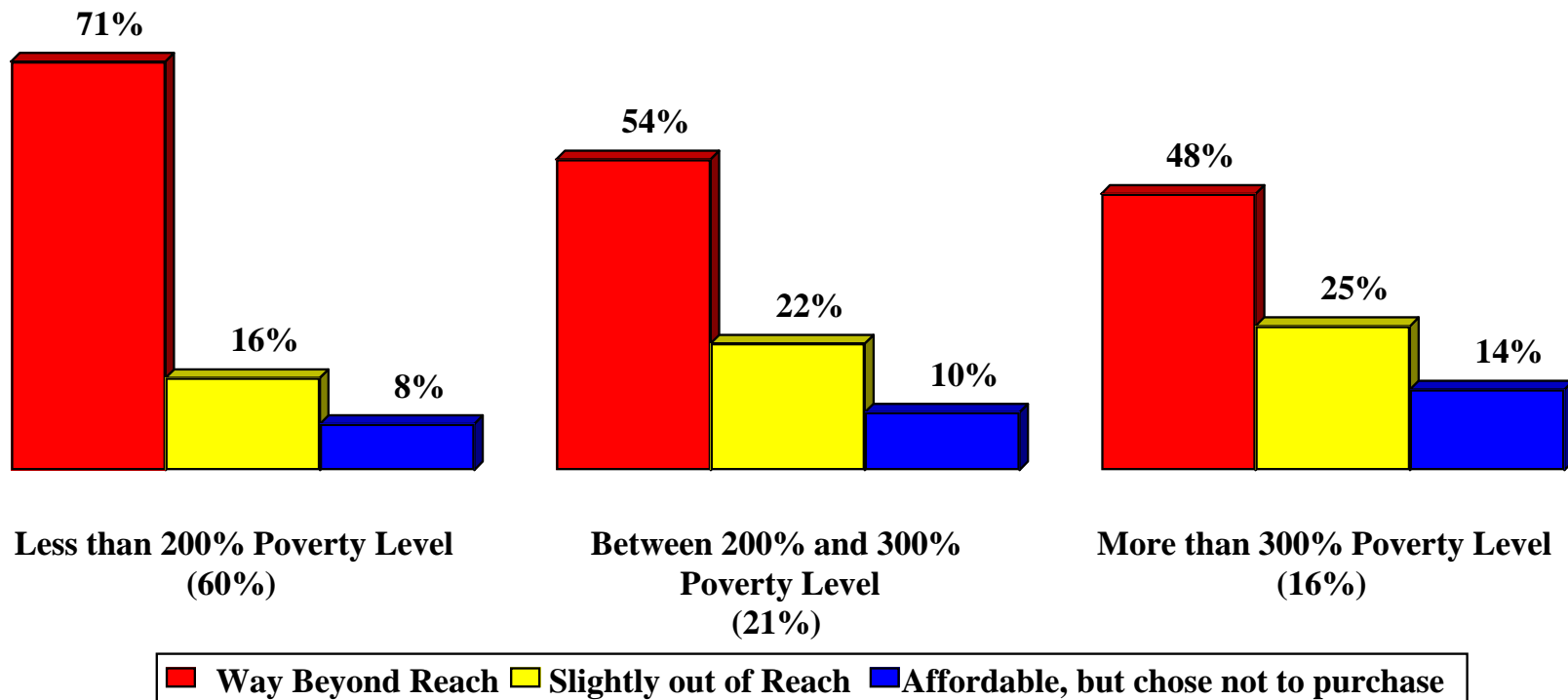
**10%**

*Is something you could afford but you have simply chosen not to purchase coverage.*

Naturally, those on the lowest end of the income spectrum have the most difficulty with the expense, but even people at the higher end find the costs difficult to manage.

*“Thinking some more about the cost of health insurance ... Would you say the cost of health insurance coverage is ...”*

*By Income*



# South Dakotans say they are willing to chip in to pay for the cost of coverage – it just has to be within their means.

*“If South Dakota were to develop a health care reform plan that would allow people to purchase affordable health care coverage for themselves, how much, if any, could you afford to pay each month for YOURSELF to participate in this program?”*

*\$96.50 Mean  
\$70.00 Median*

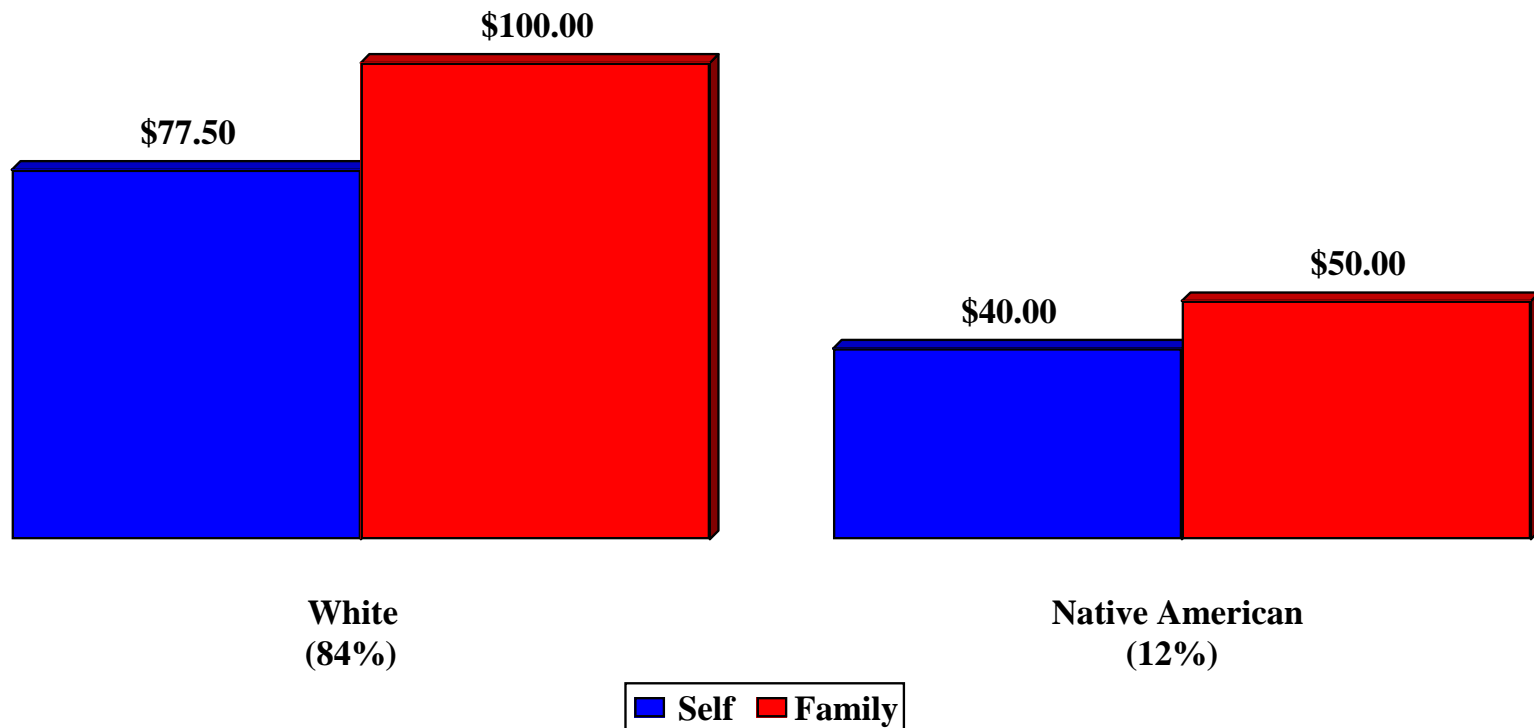
*“And, how much, if any, could you afford to pay each month for YOU and YOUR FAMILY to participate in this program?”*

*\$142.20 Mean  
\$100.00 Median*

# White respondents are willing to spend a bit more to secure coverage.

*“If South Dakota were to develop a health care reform plan that would allow people to purchase affordable health care coverage for themselves, how much, if any, could you afford to pay each month for YOURSELF to participate in this program?”*

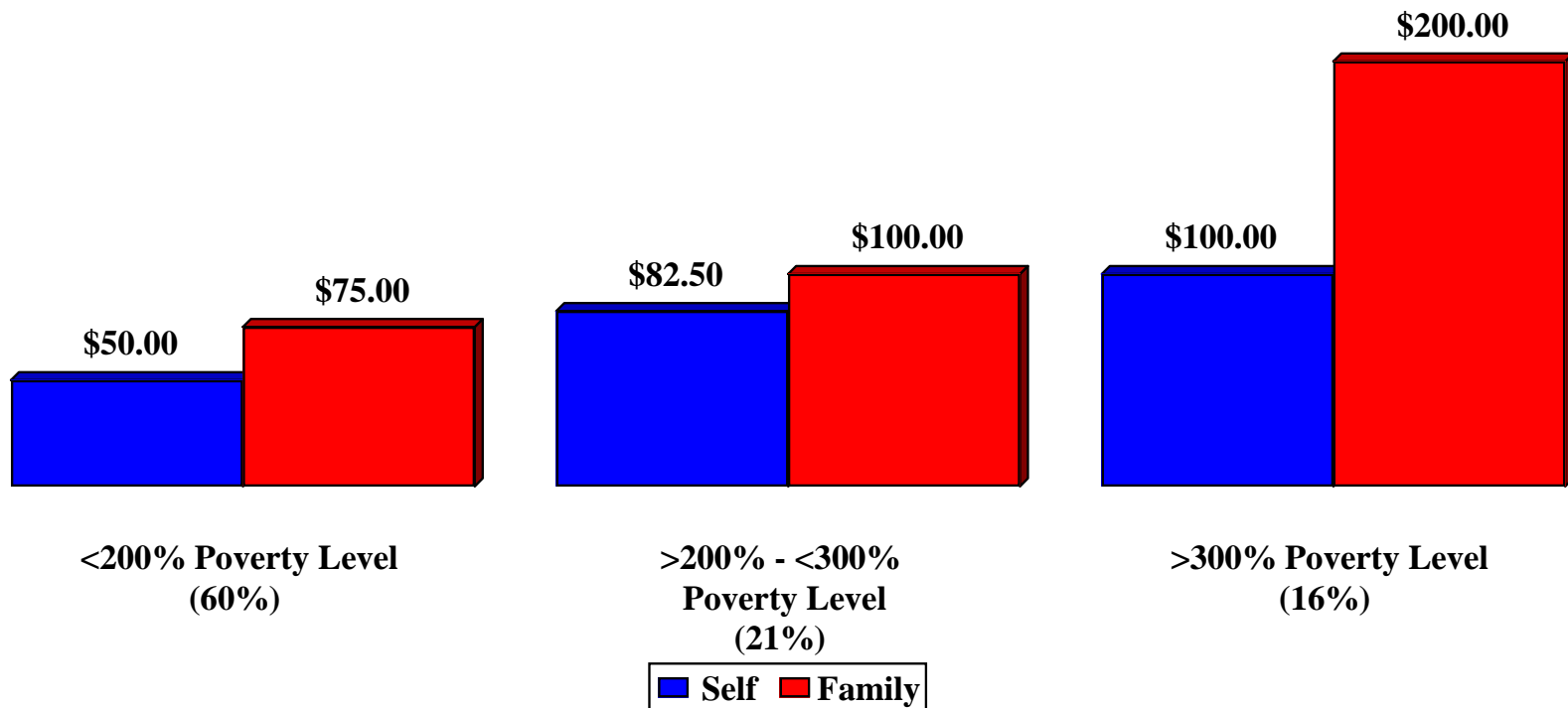
## *Median Amount By Ethnicity*



# Justification for a sliding scale? Those with higher incomes are willing to pay more.

*“If South Dakota were to develop a health care reform plan that would allow people to purchase affordable health care coverage for themselves, how much, if any, could you afford to pay each month for YOURSELF to participate in this program?”*

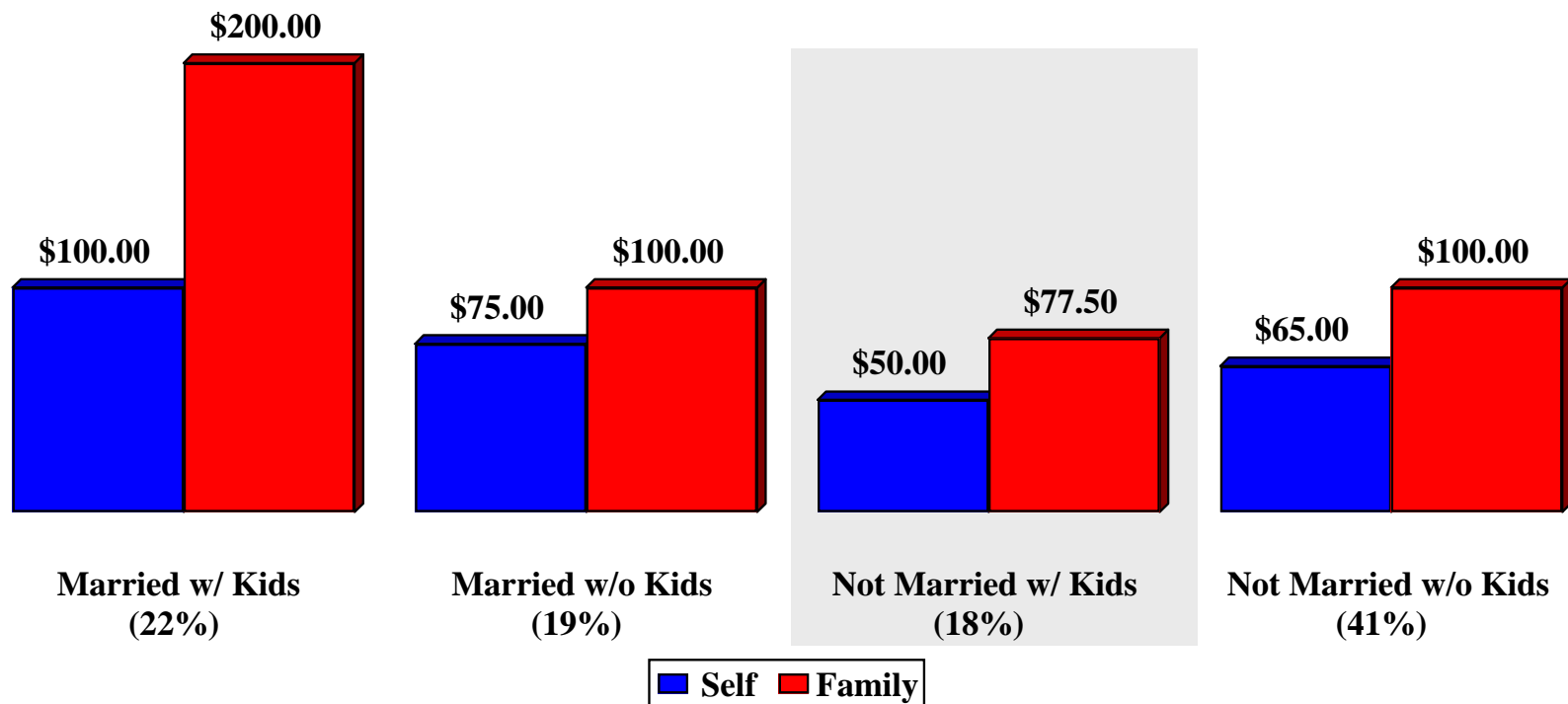
## *Median Amount By Income*



# Single parents are the least able to pay large amounts to participate.

*“If South Dakota were to develop a health care reform plan that would allow people to purchase affordable health care coverage for themselves, how much, if any, could you afford to pay each month for YOURSELF to participate in this program?”*

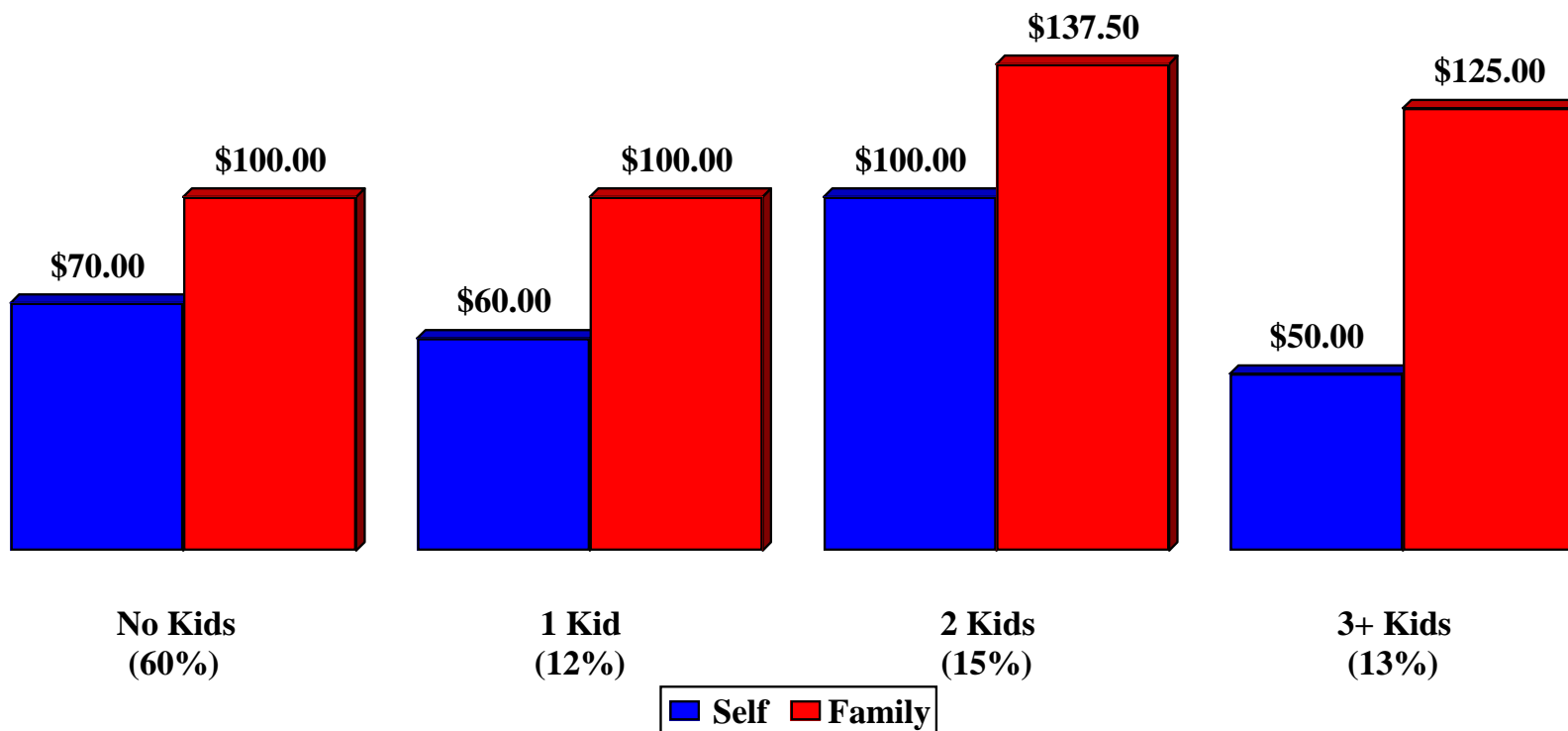
## *Median Amount By Marital Status/Kids*



# Families understand they have to pay more when they have kids, but budgets get tighter with more in the household.

*“If South Dakota were to develop a health care reform plan that would allow people to purchase affordable health care coverage for themselves, how much, if any, could you afford to pay each month for YOURSELF to participate in this program?”*

## *Median Amount By Household Size*



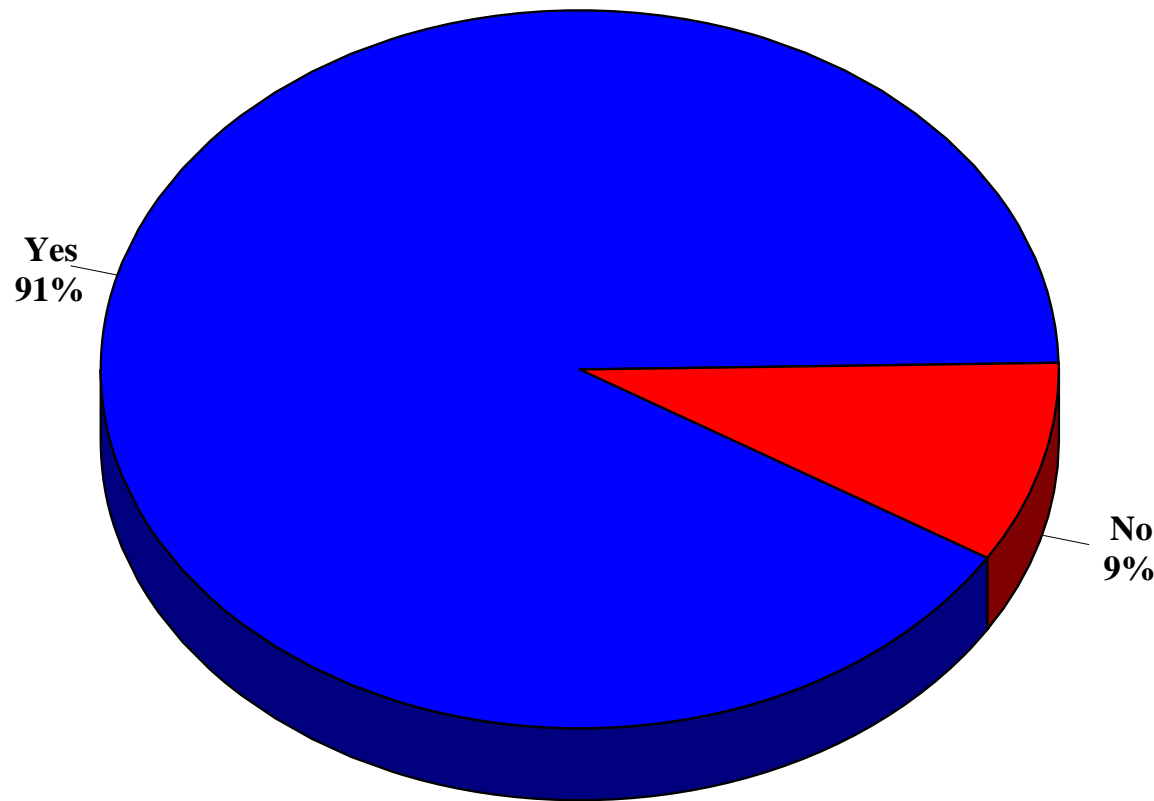


# Indian Health Service



# Native Americans are generally very familiar with IHS and the services provided.

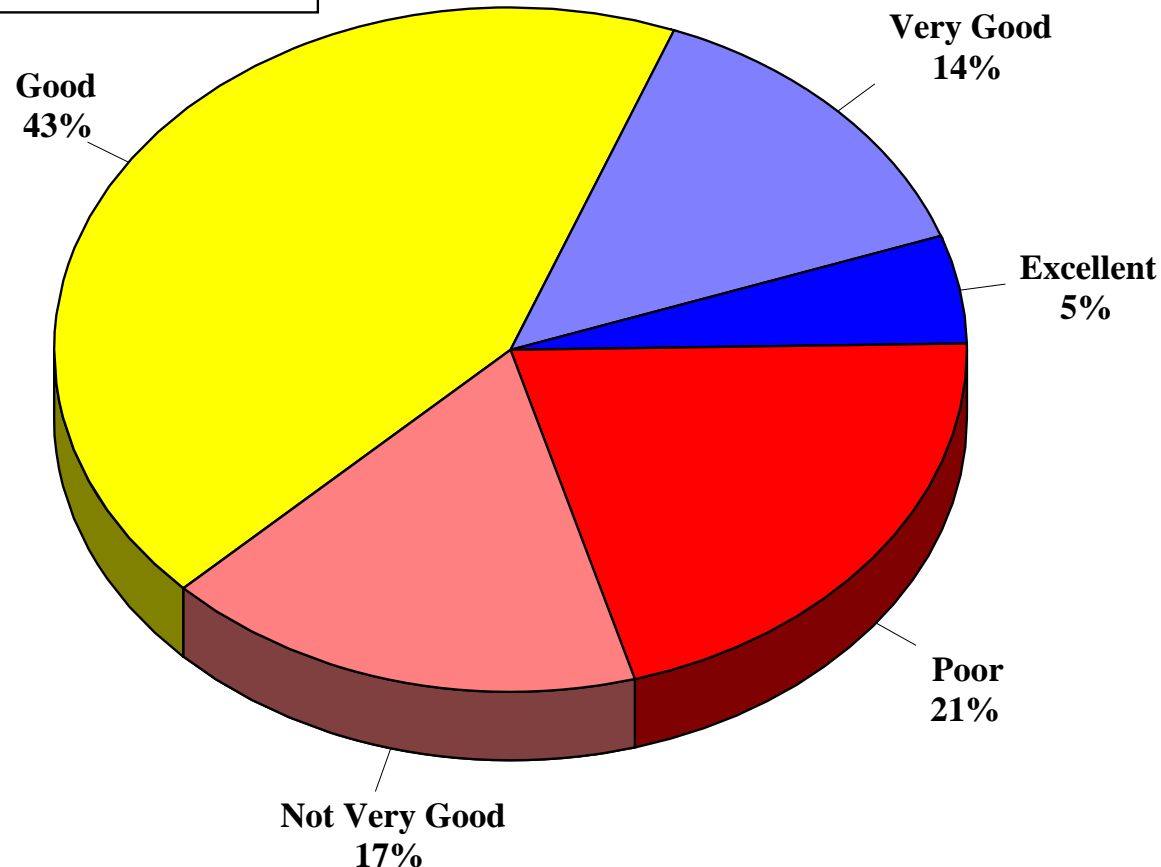
*“Have you received medical care through Indian Health Service, also known as IHS?”*  
Asked Among Native Americans (N=46)



# “Good” seems to be an apt description for the quality of care provided through IHS.

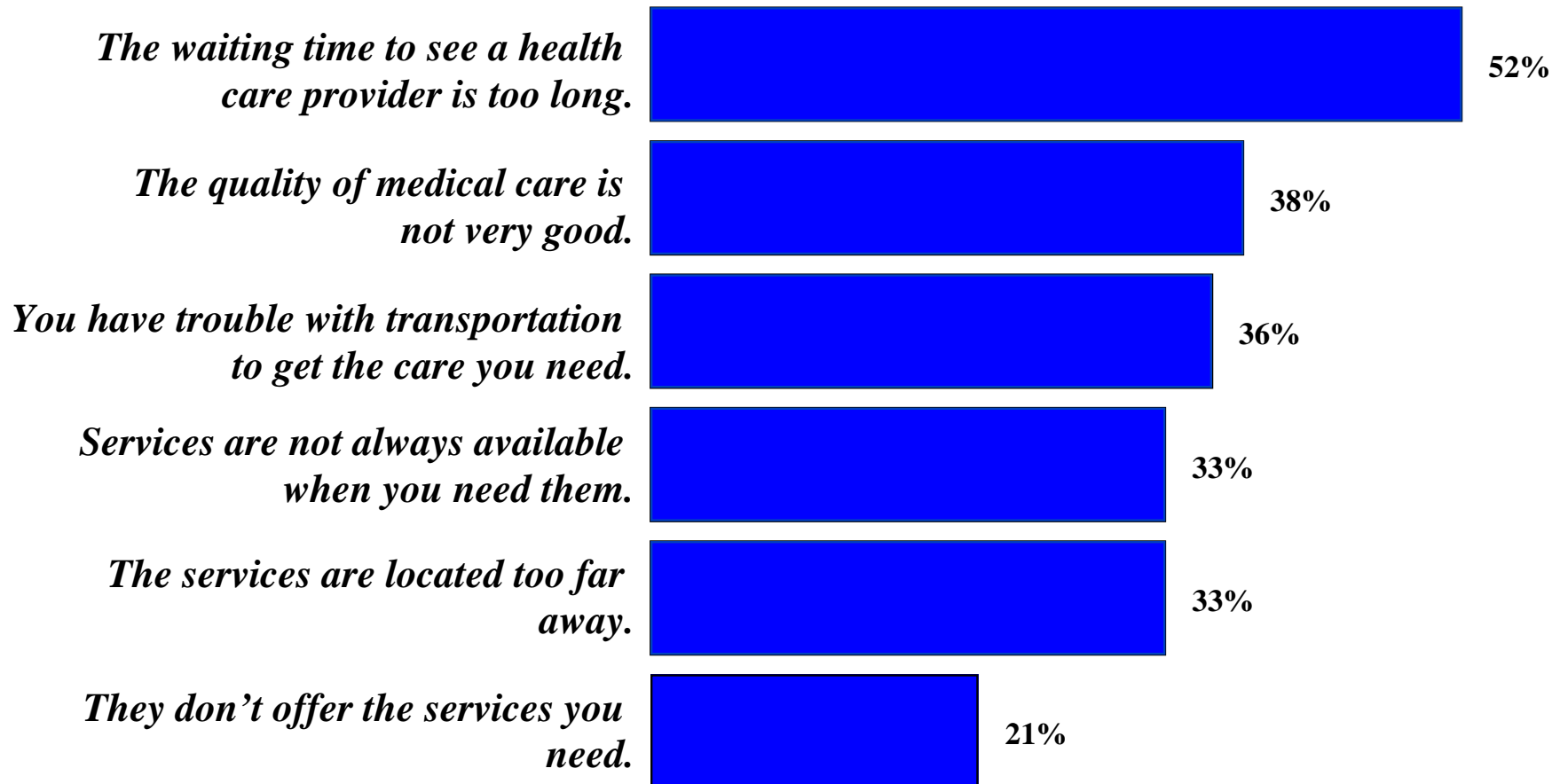
*“And how would you describe the quality of care you have received through Indian Health Service?”*

**Total Excellent/Very Good: 19%**  
**Total Not Good: 38%**



# Respondents find a lot to complain about, but the biggest problem they have is with the extensive waiting times to receive care.

*“In your opinion, what are the biggest problems you or others you know have experienced with Indian Health Service?”*





# The Bottom Line

# The Bottom Line

**The systemic nature of the uninsured problem in South Dakota presents a unique challenge. With so many chronically uninsured people, a heavy educational component must be part of any campaign. Reducing the rate of the uninsured will require not only a change in the system, but also a change in the culture. Currently, health insurance is perceived as a luxury – it has to become a basic necessity.**

**The biggest hindrance to securing coverage is the expense. While people are willing to take steps to help themselves and their families, the cost at this point is far beyond their means. Even if the education component is successful in establishing the value of health insurance, there is still little people can do if basic health care benefits are too expensive and out of reach.**

# The Bottom Line

There are fairly significant differences in the way to approach the white and Native American uninsured communities. Because Native Americans have access to IHS, they really do not feel they need any other coverage, and they certainly are not willing to pay much for it even if they recognize the value. Many Native Americans have not given a great deal of thought to securing health care coverage. White respondents, on the other hand, feel more urgency.

For more information about this presentation or about Public Opinion Strategies, please give us a call.

**Glen Bolger**  
**glen@pos.org**



*Turning Questions Into Answers.*

214 N. Fayette St. • Alexandria, VA 22314  
703.836.7655 (Ph) • 703.836.8117 (F)  
[www.pos.org](http://www.pos.org)